GENEVA LAKE MANOR

211 SOUTH CURTIS STREET

LAKE GENEVA 53147 Phone: (262) 248-3145		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	56	Average Daily Census:	54

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care	No	Primary Diagnosis	િ	Age Groups		•	35.7
Supp. Home Care-Personal Care	No			i e		1 - 4 Years	48.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.6	More Than 4 Years	16.1
Day Services	No	Mental Illness (Org./Psy)	21.4	65 - 74	14.3		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	25.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.4	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.6	95 & Over	10.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	14.3		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	19.6	65 & Over	96.4		
Transportation	No	Cerebrovascular	12.5			RNs	10.3
Referral Service	No	Diabetes	3.6	Sex	용	LPNs	9.5
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	25.0	Male	21.4	Aides, & Orderlies	40.2
Mentally Ill	No			Female	78.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No			1	100.0		
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Method of Reimbursement

		edicare			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	Of	
Int. Skilled Care	8	100.0	309	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	14.3	
Skilled Care	0	0.0	0	32	91.4	112	0	0.0	0	13	100.0	155	0	0.0	0	0	0.0	0	45	80.4	
Intermediate				3	8.6	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.4	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	8	100.0		35	100.0		0	0.0		13	100.0		0	0.0		0	0.0		56	100.0	

************************* % Needing Total Percent Admissions from: Other Locations Total Number of Admissions

Percent Discharges To:

Private Home/No Home Health
Private Home/With Home Health
Occ/Freq. Incontinent of Bladder
Other Nursing Homes
Occ/Freq. Incontinent of Bowel
Other Nursing Homes
Occ/Freq. Incontinent of Bowel
Occ Rehabilitation Hospitals 0.0 | 10.3 | Skin Care Other Resident Characteristics Other Locations 5.4 Have Advance Directives5.4 Medications 27.6 | With Pressure Sores Deaths 62.5 Total Number of Discharges | With Rashes (Including Deaths) | 116 | Receiving Psychoactive Drugs 58.9

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownership:			Size:		ensure:				
	This	Nonj	profit	50	-99	Ski	lled	All			
	Facility	Peer	Peer Group		Group	Peer	Group	Facilities			
	9	%	Ratio	olo	Ratio	ଚ	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	92.2	0.98	88.5	1.02	86.7	1.04	85.1	1.06		
Current Residents from In-County	71.4	76.0	0.94	72.5	0.99	69.3	1.03	76.6	0.93		
Admissions from In-County, Still Residing	12.0	25.2	0.47	19.5	0.61	22.5	0.53	20.3	0.59		
Admissions/Average Daily Census	216.7	95.0	2.28	125.4	1.73	102.9	2.11	133.4	1.62		
Discharges/Average Daily Census	214.8	97.5	2.20	127.2	1.69	105.2	2.04	135.3	1.59		
Discharges To Private Residence/Average Daily Cens	us 79.6	38.4	2.07	50.7	1.57	40.9	1.95	56.6	1.41		
Residents Receiving Skilled Care	94.6	94.3	1.00	92.9	1.02	91.6	1.03	86.3	1.10		
Residents Aged 65 and Older	96.4	97.3	0.99	94.8	1.02	93.6	1.03	87.7	1.10		
Title 19 (Medicaid) Funded Residents	62.5	63.8	0.98	66.8	0.94	69.0	0.91	67.5	0.93		
Private Pay Funded Residents	23.2	28.5	0.81	22.7	1.02	21.2	1.09	21.0	1.10		
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00		
Mentally Ill Residents	21.4	37.9	0.57	36.5	0.59	37.8	0.57	33.3	0.64		
General Medical Service Residents	25.0	23.0	1.09	21.6	1.16	22.3	1.12	20.5	1.22		
Impaired ADL (Mean)	43.9	49.9	0.88	48.0	0.91	47.5	0.92	49.3	0.89		
Psychological Problems	58.9	52.6	1.12	59.4	0.99	56.9	1.04	54.0	1.09		
Nursing Care Required (Mean)	4.2	6.3	0.67	6.3	0.68	6.8	0.62	7.2	0.59		